correct age

MARGIN RESERVED FOR BINDING

VS A15

(Date rec'd hy registrar)

2411 N. Charles St., Baltimore 8300

08876

CEDTICICATE OF DEATH

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH: County Carroll City or town. Sykesville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 11 days. Happilal, institution, or street address where death occurred: Springfield State Hospital How long in hospital or institution? 11 days 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother) State
John George Baier	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DF DEATH September 24 19 45 8:25s
6.(b) Name of husband or wife & was basherk Baier 6.(c) If allve, give age year deceased (mo., day, yr.) January 15, 1875	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19.4. 19
8. AGE: Years Months Days If less than one day	Cerbral henorhage I how
9. Birthplace Baltimore, Maryland (Town. county, and state) 10. Usual occupation. 11. industry or business	Due to. Due to.
E 12. Name Joseph Baier E 13. Sirthplace Baltimore, Md.	Taychosis with Cerebral arteris Seesi. (Include pregnancy within 3 months of death)
14. Maiden name Elizabeth Young 15. BirthplaceBaltimore Md. 18. Informant Records of Springfield State	Major fiadiugs of operatious
Records of Springfield State Address Hospital, Sykesville, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial, cremation, or removal. Which?) Date thereof & Sept. 27, 1945 (month) (day) (year)	
Cometery or crematory & aly Redesmur Location B. Lavin Raget	
18. Funeral director Arank V. Pripritaria	Means of Injury tnjured at work?
Address 28/8 E. Baltimore St.	23. SIGNATURE CINOLA H. Eilest M. D.
19 9-25 1945 BUKEL	M. D. or other

Reg. Diat. No 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If rural, give LOCATION) 3. (b) Social Security Number

MEDICAL CERTIFICATION 21 I DERTIFY that death occurred on the date above stated; that Jattended deceased from

OURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically,

Accident, suicide, or homicide.....

(Connty)

Injured at home, farm, industry, public place (where?) Injured at work?

M. D. or other Date signed



108

AND RESIDENCE OF A PROPERTY OF A PARTY OF THE PERSON.

WRITE PLAINLY, is especially

PLEASE

A15 NSA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

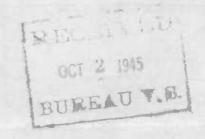
CERTIFICATE OF DEATH

68878

Henryton, Maryland Date signed 9-26-45

Reg. Dist. No..

1. PLACE OF DE.	ATH: roll	HIE		Z. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	-
			***************************************	State Maryland County	
Ulty or town(If o	ntside city or town lir	nits, write R	URAL and give nearest town)		
How long in above place	of death? 9 II	ionths	s, 29 days	City or town Baltimore . (If outside city or town limits, write RURAL and give near	est town)
Hospital, Institution, or	street address where d	eath occurred	l :	Street No. 1104 Sarah Ann Street	
- Bary Lan	d _{Bluberc} u	Posts	Sanatorium	(If rural, give LOCATION)	
How long in hospital or	institution?	TY OILL	Sanatorium ton, Maryland	2.(a) If veleran, name war	V
3. (a) FULL NAMI				3. (b) Social Security N	Inmher
		HERBI	ERT QUEEN BAY	217-07-093	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced				MEDICAL CERTIFICATION	
ma7 -	7				٨
male	col.		married.	20. DATE OF DEATH September 26, 19 45.	at 6:30 h
6.(b) Name of husband	or wife Mar	y Bay	7	21. I CERTIFY that death occurred on the date above stated; that I attended decear November 27, 19.44, to Sept. 2	
			e) If alive, give ageyears	and that Last saw h im alive on Sept. 26	45
7. Birih date of deceased (mo., day, y	March	10.	1900		
8. AGE: Years		Days	If less than one day	Immediate cause of death	DURATION
4:	5 6	16		002 01102 9 2112 01110 00 10	***************************************
	Harmon N	1.6		Pro La	***************************************
9. Birthplace	(Town,	ounty, and	state)	pue to	*************************
10. Usual occupation	Labo	rer			
11. Industry or business				Due to	***************************************
		m		Dither conditions Pulmonary Tuberculosis	A110
12. Name	OHAHOV			Dther conditions I definitionally I about oalous	Aug.
13. Birthplace	Unknow	m		(Include pregnancy within 3 months of death)	1944
14. Maiden name	Unknow	m			
14. Maiden name	Unknow			Major findings of operatious.	
Reuben Hoffman, M.D.			MD		
10. thioimant			***************************************	Antopsy results	
Address He	enry ton,	Maryl	and ,		
17 Bu	rial	Data there	9/29/45	22. VIOLENCE: If death was due to external causes, till in the following;	
17. Bate thereof. (month) (day) (year)			(month) (day) (year)	Accident, suicide, or homicide Date of	*******************
Cemetery or crematory accounting M. Park			sm. Park	Where did injury occur?	(State)
Location Or	trust	n	nd.	Injured at home, farm, Industry, public place (where?)	
	MANIT	180	Williame	Means of Injury Injured at work?	
1B. Funeral director.	4-	MALA.		7 4 4100 -	
11	A JELLE		lder St	23. SIGNATURE Couleur toffman mi	<u> </u>
19. Sept.	26, 19 45	. All	best Local Registrar	Address Henryton, Maryland Date signed	9-26-45



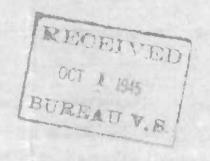
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95.0

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Or O	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)
City or town Questininster of D. 1 (Selve Rin	State Mary and county Carrall
(If outside city or town limits, write RURAL and give nearest town)	Shire to
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or streef address whele death occurred:	Street No. A. D.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	ness Beachtel 70
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hemale White Lingle	20. DATE OF DEATH Sept. 26 19 45 31 12 0 N
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Sept. 24 1845 19 Sept. 26 1845
7. Birth date of	and that I last saw h. Landivo on
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
78 9 2hrs. min.	Mouse negocardad 5 yrs
Carrolle and	dest
9. Birthplace. (Town, county, and state)	Due fo
10. Usual occupation Acusewark	Due to
11. Industry or business on her home	DUT 10.
12. Name John Beachtel	Other conditions
13. Birthplace Canall Co. md.	
14. Maiden name Calheria Duttery 15. Birthpiace Canal Ca Ind.	(Include pregnancy within 8 months of death)
15. 8irthplace Canal Co and.	Majur findings of operations.
16. Interment of Carda Stayler	Autupsy results
Address Westminstel, md. P. D-1	PHYSICIAN: Plesse underline the cause to which death should be charged statistically.
12 Nich 8011.08.1046	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Date thereof (munth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory / Mon Cometary	Where did injury occur?
Location Silver Run. md.	Injured at home, farm, industry, public place (where?)
18. Funeral director of M. Tittle x Son	Means of Injury Injured at work?
Address Lettestown 1 A PyOR A. L	23. SIGNATURE Sound B. COOVER
19. Sept. 27-1945 Calvin Banker	23. Signature Pg M. D. or other Quet leatour Pg Q 7/6/4/



2411 N. Charles St., Baltimore (59)

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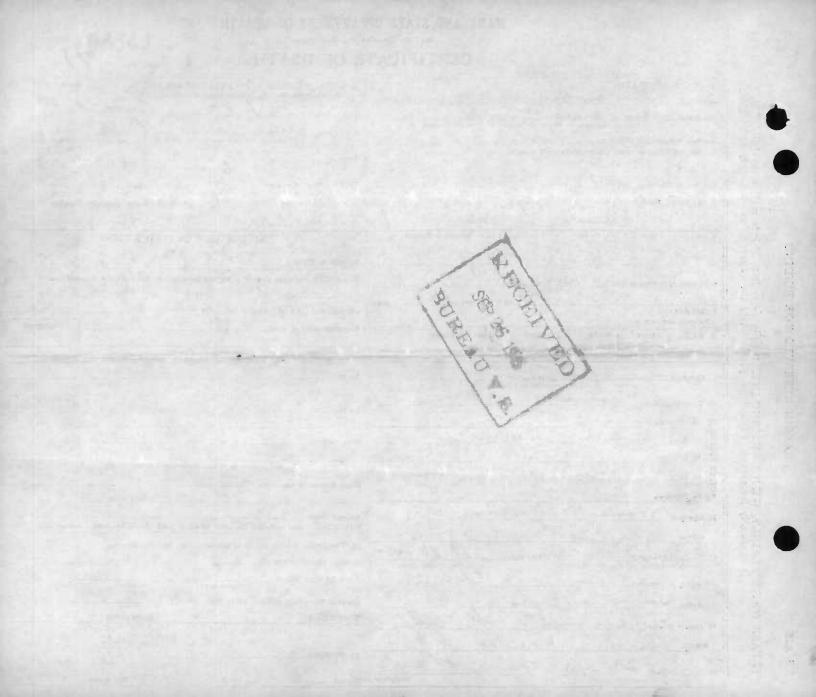
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CERT		A 1	() I-i-	116.7	7.1.

	Reg. Dist. No.		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town (if outside city or town limits, write RURAL and give nearest town) How long in above place of death?	State County County City or town County County City or town County City or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
How long In hospital or Institution?	2.(a) if veteran, name war		
3. (a) FULL NAME Paul Elmuns Paul	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. Sept. 20. 19.45.01.56.00		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
deceased (mo., day, yr.)	and that I last saw halive on		
8. AGE: Years Months Days alf less than one day	Immediate cause el death		
1941 Seft sv			
9. Birthplace Clear User Town, County, and state) 10. Usual occupation.	Due to.		
	Due to		
11. Industry or business E 12. Name David E Bernager L 13. Birthplace	Dther conditions		
14. Maiden name Pauline Marg. Gellinger	(Include pregnancy within 3 months of death) Major findings of operations		
SI G B.A.	Date of op.		
Address Was But a firm	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Burnal, or removal, Which?) Date thereof Suff 20 - 44 - (shouth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cemetery or crematory Timey Crief Church	Where did injury occur?		
Location new Jones Company of the sight	Injured at home, farm, Industry, public place (where?) Means of Injury Injured by work?		
Address Uniters Bridge Md	23. SIGNATURE		
19. (Date rec'li by registrar) 19.45 Margart Pargla Registrar	Address Stead One M. D. or other Address Sale signed 9-19-85		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly VS A15

MARGIN RESERVED FOR BINDING

The correct age.



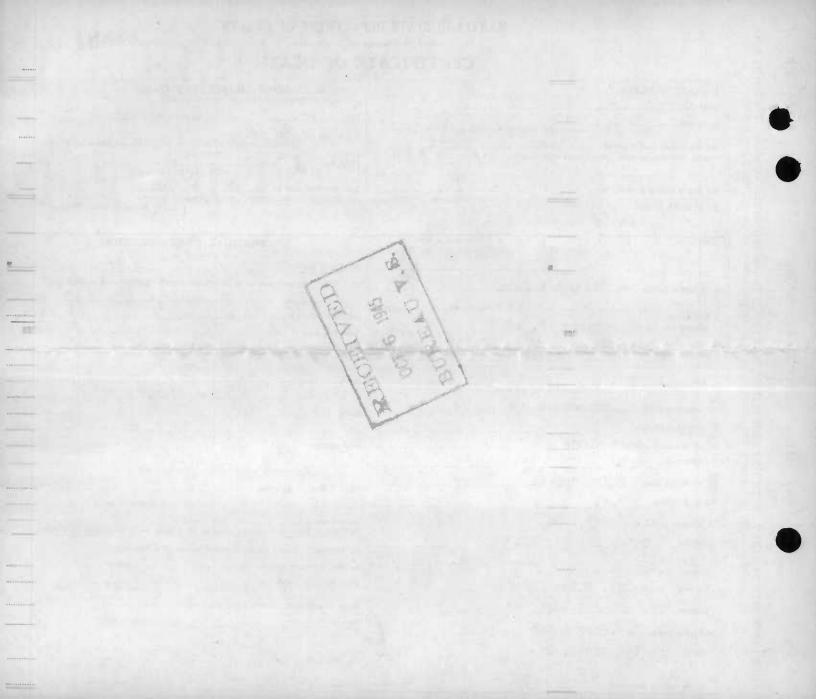
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	
City or town. Union Bridge (If outside city or town limits, write RURAL and	State Md. county Carroll
	I City or fown U(1 LOD) DI LUPE
How long in above place of death? 16 years	City or town Union Bridge (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Annie Rosamond Bohn	None
4. Sex 5. Color or race 6.(a) Single, married, wie	dowed, or divorced MEDICAL CERTIFICATION
F W Widow	3) 4 (1)
	20. DATE DF DEATH. 20.30.M
6.(b) Name of husband or wife W. Grant Bohn	21. I CERTIFY that death occurred on the date above stated: that I attended decourse from
	1965
7. Birth date of	e ageyears and that I last saw hard fallive on 19 44 5
deceased (mo., day, yr.) October 18, 1869	Ammediate cause of doub DURATION
8. AGE: Years Months Days If less th	an one day
75 10 21	.hrs. min.
9. Birthplace	Due to.
1D. Usual occupation Housework	Due to
11, Industry or business	
單 12. Name Albert Koons	
	Other conditions
	(Include pregnancy within 3 months of death)
里 14. Malden name. Eliza Angell	Major fiadings of operations
14. Malden name Eliza Angell 15. Birthplace M.d.	
	Date of op.
16. Informant Mr. Frank Bohn	Autopsy results
Address Union Bridge, Md.	
	+ 12 19/5 22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Date thereof Sep. (Burial, cremation, or removal, Which?)	t. 12 g. 19/5 Accident, suicide, or homicide
cemetery or crematory .Mt Union Cemetery	Where did injury occur?
Location Nr. Union Bridge, Md.	
18. Funeral director C.O. Fuss & Son	Mesns of Injury tnjured at work?
	A Hamal - Jan (2)
	23. SIGNATURE
19 (Date rec'd hy registrar)	23. SIGNATURE
(Date rec'd hy registrar)	Registrar Address // 1200 / 900 / Date Signed / 1/1

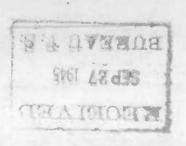


CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
	State Maryland County
City or town	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
Il nontrol to the standard of MAN AND AND AND AND AND AND AND AND AND A	(If outside city or town limits, write RURAL and give nearest town)
Haspital, Institution, or street address where death occurred:	Street No. 1429 N. Fremont Street
Colored Presch Henrysten Menysland	(If rural, give LOCATION)
Hospital, Institution, or street address where death occupy and the Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Maryland. How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
RUTH CARTER BOSTON	217-22-9003
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female colored Divorced	20. GATE OF DEATH September 21, 1945 21 6.30P
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	March 28, 19 45 to Sept: 21, 19 45
	and that I tast saw h er alive on September 21, 19 45
7. Birth date of deceased (mo., day, yr.) August 23, 1908	
8. AGE: Years Months Days tf less than one day	Pulmonary Tuberculosis March
o. Add.	
	lst.
9. Birthplace	Due to
(Town, county, and state)	
10. Usual occupation Maid	Que to
11. tndustry or business Beauty Shop. El 12. Name. Lumbert Carter	Other conditions
Lumbert Carter 12. Name. Nuttsville, Va.	
	(Include pregnancy within 3 months of death)
II Ei	Majur findings of uperations.
	Date of op.
16. Informant Reuben Hoffman, M. D.	Autopsy results
Address Henryton, Md.	
17. Burist Date thereof 9/24/45	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Cemetery develop	Where did injury occur?
Landin Timeaster Ug!	Injured at home, farm, industry, public place (where?)
On link Lill	Means of injury Injured at work?
18. Funeral director.	
Address 1631 War of Hill are	23. SIGNATURE Coulous Hoffman, M. D. or other
19. 9/21 19 45 albert & Swankle	Henryton, Md9/21/45
(Date rec'd by registrar) Deputy Local Registrar	Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

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--	---	---	---	---	---	--

			CERTIFICATION.	Reg. Dist. No	4
1. PLACE OF D		RROLL	na Walta III	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County			mo., 22 days HOSPITAL	State	nearest town)
3. (a) FULL NA		ederic	k Breckenridge	3. (b) Social Securi	ly Number
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	
MALE	WHITE		single	20. DATE OF DEATH September 9 19. 4	5, at 3:36p.
	Tuno) It alive, give ageyears		9 19 45
	ars Months 2	Days 23	It less than one dayhrsmin.	Immediate cause of death	15 min.
10. Usual occupatio	nes Thomas	Brec	Maryland kenridge Maryland	Due to	
14. Malden nam	Catherine	Marg	aret Gempp Maryland OSPITAL RECORDS		
ip, intormant	SYKESVILLE,			Antopsy results	ged statistically.
17(Burial, cremati	Burial ion, or removal. Which? Wos	Date there	Sept. 12, 1945 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide	(State)
Location	Balto. George	Md. W.Lit	tle	Injured at home, farm, Industry, public place (where?) Meens of Injury ROBERT BERTRAND MAY, M.D.	
Address 27	OO Edmond	lson A		23. SIGNATURE ROLL BOTTON M. SPRINGFIELD STATE HOSPITAL M.	24. M.D. 6r other ned 9-9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERWED FOR BINDING VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /37-

CERTIFICATE	OF	DEATH

mother)	EASED:		
nty	Queen	Anne'	S
, write l	RURAL and g	ive nearest	own)

3. (b) Social Security Number

1944

2. USUAL RESIDENCE (HOME) 01

(For newborn infants give residence of Maryland

Centreville

(If outside city or town limits

(If outside city or town limits, write RURAL and give nearest town) 11 months, 28 days Hospital, Institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Maryland. 3. (a) FULL NAME THOMAS SHEREMAN BROWN 6.(a) Single, married, widowed, or divorced 4. Sex male colored Married Harriet Brown 6.(b) Name of husband or wife. 56 7. Rirth date of April 11, 1888 deceased (mo., day, yr.) Days If less than one day 8. AGE: 29.hrs.min. Centreville, Md.
(Town, county, and state) Farmer 10. Usual occupation 11. Industry or business 12. Name...... 13. Birthplace Thomas Brown Centreville. Md. 14. Malden nam Carrie Rines 14. Malden name.... Centreville. Md. Reuben Hoffman, M. D. 16. Informant Henryton, Md. Date thereof. Sept -/2 - /945 (month) (day) (year) (Burial, cremation, or removal, Which?) Cemetery or crematory.

20 DATE DE DEATH September 9, 19 45 at 1.30P 21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from

Sept., 12, 1944 10 Sept., 9, 1945 Immediate cause of death DURATION Pulmonary Tuberculosis June

MEDICAL CERTIFICATION

(If rural, give LOCATION)

(Include pregnancy within 3 months of death)

Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: tf death was due to external causes, fill in the following;

Accident, suicide, or homicide.....

(City or town) tnjured at home, farm, tndustry, public place (where?)

injured at work?

WRITE PLEASE

information carefully. The correct of death clearly and legibly.

Supply lease wr

inpor

especially

PLAINLY

BINDING

RESERVED

MARGIN

1. PLACE OF DEATH:

City or town Henryton

Carroll

Registrar Address

Where did injury occur?

Henryton,



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FOR BINDING

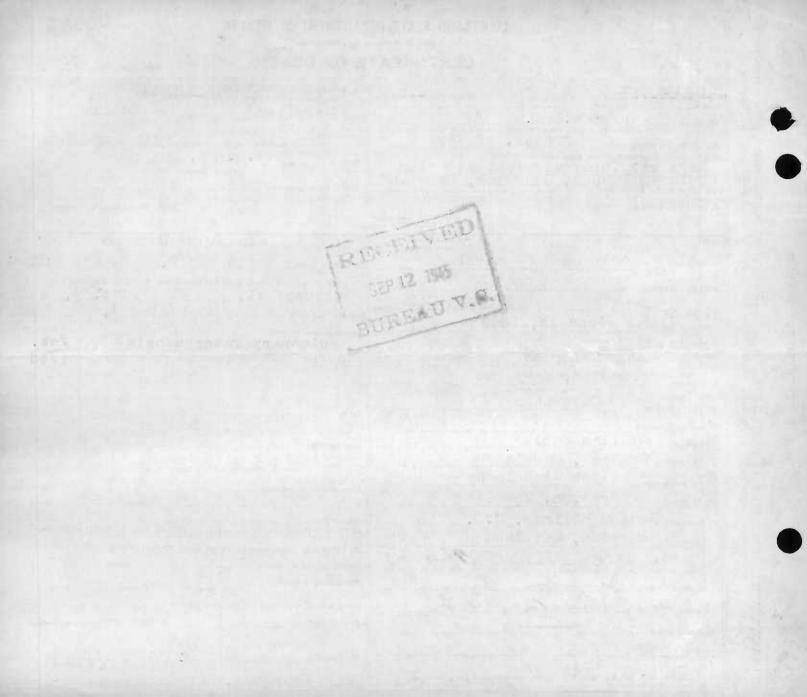
MARGIN RESERVED

VS A15

2411 N. Charles St., Baltimore /2

CERTIFICATE OF DEATH

			CERTIFICA	Reg. Diat	. No
	rroll			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	14
City or fown. Henryton, Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 6 months, 26 days Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Maryland How long in hospital or institution?				State Maryland County Caroline City or town Preston (If outside city or town limits, write RURAL and give nearest town) Street No. R.F.D. #2, Box 80 (If rural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAM	E	JA	MES HENRY BUT		Security Number
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATI	ON
male	colore	a	married	20. DATE DF DEATH September 7,	Λ.
			ler) If allve, give age 43 years 889	21. I CERTIFY that death occurred on the date above stated; that I alf February 11, 19 45, to Se and that I last saw h. Im. alive on September	ended deceased from p.t
8. AGE: Year	6 2	Days 23	if less than one day	Pulmonary Tuberculosis	
13. Birthplace P	Car Silliam reston,	Butler Maryla	and	Due to	
14. Maiden name 15. Birthplace	Prest	on, Mai		Major findings of operations	
fB. Informant Re	uben Honryton,	Maryla	0//-	Autopsy results	e charged statistically.
(Burial, cremation	ory Jan	storm	(month) (day) (year)	Accident, suicide, or homicide	(State)
	Location near Creston, mil			Injured at home, farm, Industry, public place (where?)	
Address	Address Reducalshing Just.			23 SIGNATURE Regleer Hoffma	Jan. D
19. Sept.	7 9 49 49 egistrar)	5 aer	enty Local Registrat	Henryton, Maryland o	M. D. or other fe signed 9-7-45



VS A15

18 (Date rec'd by registrar)

orrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

08886

Date signed 9-19-45

CEDTIFICATE OF DEATH

		CERTIFICAT	E OF DEATH Reg. Dist. No	
City or town(If How long in above plac Hospital, Institution, o	RURAL NEA outside city or town li- te of death? 5 mg	AR SYKESVILLE mits, write RURAL and give nearest town) onths, 22 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State	rest town)
3. (a) FULL NAM		rd V. Caywood	3. (b) Social Security 218-20-225	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
MALE	WHITE	married	20. DATE OF DEATH September 19 1945	1:30a.
			21.1 CERTIFY that death occurred on the date above stated; that lattended dece September 3 19 45 10 Sept. and that I last saw h IM alive on September 18	19 19 45 19 45
8. AGE: Year 75		Days It less than one day 1 hrsmin.	Arteriosclerosis, prior to	1945
10. Usual occupation. 11. Industry or busine HI 12. Name Sa 11. Name Sa 12. Name Sa	night wa	county, and state) at chman	Due to Due to Psychosis with disturbance of Other conditions circulation - cardio- renal disease (Include pregnancy within 3 months of death)	2 years
H 14. Malden name	Mary We	lls		
15. Birthplace		Virginia STATE HOSPITAL RECORDS	Major findings of operations	
10. Intuinant	SYKESVILLE,	,	PHYSICIAN: Please nuderline the cause to which death should be charged	statistically.
Cemetery or crema	on, or removal. Which?)		22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide	(State)

Registrar

SYKESVILLE, MARYLAND

SEP 20 1955 BUREAU V.S.

culture and as a straight of the

CAVESON DESCRIPTION

2411 N. Charles St., Baltimore (3-2)

ACCCH

100001	
	ZD'

CEF	RTIFICATE OF DEATH
1. PLACE OF DEATH: County	State Maryland County Carroll City or town Plasant Valley (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	
3.(a) FULL NAME Charles Elsworth Coper	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, White Widowed	or divorced MEDICAL CERTIFICATION 20. DATE DF DEATH 19.43 at 19.
6.(b) Name of husband or wife Annie Copenhaver	Ment feel 1943 The Sept 18494
7. Birth date of deceased (mo., day, yr.) March 12.1867	Immediate cause of death.
8. AGE: Years Months Days If less than one	day Immediate cause of death,
78 5 21hrs.	min.
9. Birthplace	Due to.
12. NameIsaiahCopenhaver	Dther conditions
14. Malden name Elizabeth Eckard Md.	(Include pregnancy within 8 months of death) Major findings of operations
16. Intermant Mrs. Vernon Myers Address Pleasant Valley, Md.	Antopsy results
17. Burial (Burial, cremation, or removal, Which?) Date thereot Senten (month)	
Cemetery or crematoryBaustChurchCemetery	Where did injury occur?
Location Tyrone, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director C.O.FUSS & SON	Means of Injury Injured at work?
Address Tanwytown, Md.	John & Street

23. SIGNATURE.

Address.....

Registrar

Thel M Mehm

VS A15

PLEASE WRITE PLAINLY, WITH UNF. is especially important.

(Date/rec'd by registrar)

INK. Supply every item of information carefully. The eans: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



INK. Supply every item of information carefully. The correct age ans: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNF is especially important.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

100008 83

1. PLACE OF DE	EATH:			2. USUAL RESIDENCE (HOME) OF DECE	ASED:	
County	LLOIT	•••••••	***************************************	(For newborn infants give reaidence of mother)		
City or town. Moodbine (If outside city or town limits, write RURAL and give nearest town)			PIIDAT and almost the later than the	state Maryland County Ca	CTTOLL	
How long in above place of death? life			NORAL and give nearest town)	City or town	***************************************	
	r street address where					
				Street No		
			***************************************	(If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NAM	E				Social Security Number	
Ro	land The	dore	Crabb	31(0)	books becamy Manber	
4. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL CERTIF	ICATION	
Male	White	ei	ngle			
Marc	WILL CO	51	ugre	20. DATE OF DEATH Sept. 18, 194	3 19 at 6.20 CM	
B. (b) Name of husband	or wife none	2	1800077500000000000000000000000000000000	21. I CERTIFY that death occurred on the date above stated;	that I attended deceased from	
				Sept. 7, 1945 19	Sept 18th 19	
7. Birth date of			c) if alive, give ageyears	and that I last saw him alive on Sept.		
deceased (mo., day,				Immediate cause of death.		
8. AGE: Years	s Months	Days	if less than one day	Atelectasis	11 da	
	33 3 500	11	hrs min.			
9. BirthplaceW.C	oodbine.	Md.	atate)	Due to		
10. Usual occupation	none	.				
11. Industry or busines				Due to	***************************************	
		field	Crabb			
13. Birthplace	Marylar Marylar			Other conditions		
14. Malden name.	Tda Mar	Hetf	ield	(Include pregnancy within 3 months of		
14. manuen name.			And the state state.	Major findings of operations	***************************************	
	Marylar	17.			Date of op	
16. Informant Ro	land W.	Crabb		Autopsy results. NONE		
	dbine, M			PHYSICIAN: Please underline the cause to which death		
Bur			1-20-45	22, VIOLENCE: If death was due to external causes, fill in	the following:	
	or rome l- White	Date there	9-20-45 (month) (day) (year)	Accident, suicide, or homicide		
0	y Popla	R J	PRINGS			
Cemetery er gremate			The state of the s	Where did injury occur?(City or town)	(County) (State)	
Location Tople	AR SPRING	95 NO	WARA Co. Ma.	injured at home, farm, Industry, public place (where?)		
18. Funeral director	50	·M	Wall=	Means of Injury	njured at work?	
Address		1,1:	Lord hed	1.000	. 11	
Audiess		Min.	may.	23. SIGNATURE Strates Trabe		
19. Dellet 1	9 19.40 pistrar)	dus	m Hewett	(mand: 9	M. D. or other	
(Date rec'd by res	gistrar)	29/1	Will oncol Registrar	Address / Wary / Mg	Date signed	



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

48889

CERTIFICAT	TE OF DEATH Reg. Dist. No. 24
I. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give resideoce of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Lorge Thomas Du	3. (b) Social Security Number
4. Sex 5. Color or page 8. (a) Single, married, widowed, or divorced Macreel 8. (b) Name of husband or wife Aguala. A. Branson.	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY MIT death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) August 5, 1871	and that I last saw h
8. AGE: Years Mooths Days If less than one dayhrsmin.	Immediate cause of death OURATION Carrelle Vascules Christian
8. Birthplace (Rown county, and state) 10. Usual occupation.	Due to
11. Industry or business 12. Name	Other conditions.
14. Malden name	(Iociode pregnancy within 8 months of death) Major findiogs of operations
Address Aughenille, Tud.	Antopsy results
(Borial, cremation, or removai. Which?) Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director C. Hagering Tubers Address Agalescelle, Fuel.	Injured at home, farm, Industry, public place (where?)
1 Charge e'd hy registrar) C. Thank Wells Registrar	23. SIGNATURE M. D. or other Address Against Date signed > 6/1/5-



MINISTER OF THE PROPERTY OF THE STATE OF THE

THE RESERVE THE PARTY OF THE PA

PLEASE WRITE PLAINLY, '

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9400

08890	
Reg. Dist. No	Z

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
City or town	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or towh limits, write RURAL and give nearest town) Street No
How long in hospital or institution?	2.(a) It veteran, name war World Was II
3. (a) FULL NAME P. Mc Clure Dayhof	3. (b) Social Security Number 212-03-0499
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced That Single	MEDICAL CERTIFICATION 20. DATE OF DEATH Sept 28 1945 at 4:00 PM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	18 10 19
7. Birth date of deceased (mo., day, yr.) January 29, 19121	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death
33 7 29hrsmin.	Coronny Ocellision 10 mis
9. Birthpiace (Town, county and state)	Due to
1D. Usual occupation Inspector	Due to
11. Industry or business Davy	
12. Name Adaymond A. Dayhoff	Dther conditions
WI NO I A D	(Include pregnancy within 3 months of death) Major findings of operations.
14. Maiden name / North W. Soversof	Date of op.
16. Informant Msa Shadad Dayshoff	Antopsy results
Address Faneylown, Md. 17. Surial Date thereof Oct. /2 /945. (Burlal, cremation, or remoyal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory & states and Cemetery	Where did injury occur? (City or town) (County) (State)
Location University and	Injured at home, farm, industry, public place (where?)
18. Funeral director C. O. Guss Son	Means of Injury Injured at work?
Address Janes town me,	(1 1 / 1 / 1 / 1 / Les
12 Sest 30. 10 45 - Ethel M Mehring	23. SIGHATURE M. D. or other
(Date/rec'd by registrar) Registrar	Address Date signed Date signed



UNEADING INK. Supply every item of information carefully. The carrect age tant Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH is especially import

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

-2	U889k
1	Reg. Diat. No.

1. PLACE OF DEATH: CountyCARROLL	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
COUNTY STEAD SYKESVILLE	State MARYLAND County			
City or town	"" Reltimore City	Reltimore City		
How long in above place of death? 20 yrs., 10 mo., 6 day	City or town (If outside city or town limits, write RURAL and give	nearest town)		
Hospital, Institution, or street address where death occurred:				
SPRINGFIELD STATE HOSPITAL	Street No(If rural, give LOCATION)			
How long in hospital or institution? 20 yrs., 10 mo., 6 day	7.9			
	2.(a) If veteran, name war			
3.(a) FULL NAME Joseph M. Diven	3.(b) Social Secur none	•		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
MALE WHITE single	20. DATE OF DEATH. September 19 19 4	5 at 7:25a M		
6.(b) Name of husband or wife	10 40 to 00000	deceased from		
	and that I last saw h IM alive on September 18	10 45		
7. Birth date of deceased (mo., day, yr.) March 12, 1864	and that I last saw halive on			
8. AGE: Years Months Days If less than one day	Immediate cause of death	12 yrs.		
27 (?) 8/ 6 7hrs.	001000000000000000000000000000000000000	12 310.		
Maryland				
9. Birthplace(Town county and state)	Due to	Due 10		
10. Usual occupation laborer				
10. Usual occupation	Due to			
11. Industry or business				
12 Name Edward Thomas Diven	Diher conditions Senile psychosis,			
12. Name Edward Floria Diven	deimnle deteriorstion	24 3770		
	(laclude pregnancy within 3 months of death)			
14. Maiden name Chyabeth Mil log 15. Birthplace Ballo Mil.	Major findings of operations.			
E 15. Birthplace Ballo, Mil.	Date of op			
SPRINGEIFI D STATE HOSPITAL RECORDS				
IB, Intormant	PHYSICIAN: Please underline the cause to which death should be char	ged atatistically.		
Address SYKESVILLE, MARYLAND				
10 B-11-10 24-4:	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory And Additionable Classical Company	Where did injury occur?(City or form) (County)	Where did injury occur?		
Location & Alth M.d.	Injured af home, farm, industry, public place (where?)			
. 1	na at 1-tum. Injured at work?			
18. Funeral director 1994 Alexander & tons	ROBERT BERTRAND MAY, M.D.			
Address Reisterstown and.	Blart 1 m	ma		
		SPRINGERED STATE HOSPITAL / M. D. or other		
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address SYKESVILLE, MARYLAND Date signed 9-19-45			

No. of Street

Campil. 1.

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2411 N. Charles St., Baltimore 9370

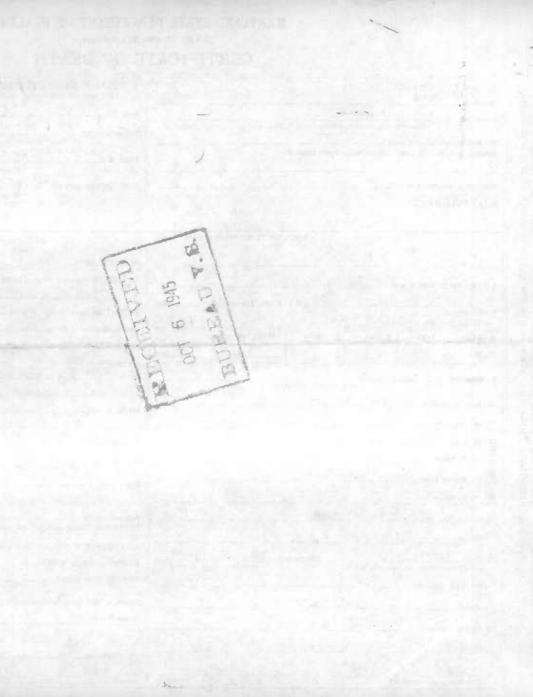
CERTIFICATE OF DEATH

		01
-	Reg. Dist.	No

				CERTIFICA	TE OF DEATH	Reg. Dist.	No
1. PLACE OF DEATH: Ceunty Carroll					2. USUAL RESIDENCE (HOME (For newborn infants give residence	c) OF DECEASED:	
City or townUn	ion B	ridge			State	County	•••••
City or town Union Bridge (If outside city of town limits, write RURAL and give nearest town) Hew long in above place of death? 12 yrs				URAL and give nearest town)	City or town		
					City or town(If outside city or town is	imits, write RURAL and	give nearest town)
Hospital, institution, or street address where death eccurred:				!	Street Ne		
			••••••	***************************************		(If rural, give LOCATION)	
How long in hospit	al or institu	ution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL N		Mrs. War	itac I	enassa Eakle		3. (b) Social Se	
4. Sex		olor er race		e, married, widowed, or divorced	II MEDICAL	CERTIFICATIO	
					MEDICAL	CERTIFICATIO	
F		T		widow	20. DATE OF DEATH PARTY	19	45 . 1:30A
e (7.) Name of hugh	and or will	Martin	W.Eakle	D	21. I CERTIFY that death occurred on the date	e above stated; that I atten	ded deceased frem
P. Co. Lame of mest					Wan 15	19 45 10 Sol	DY 19 45
7. Birth date e1	***************************************		6.(c) If alive, give ageye	and that I last saw halive en	5-1-11	9 194)
deceased (mo., d	lay, yr.) Je	n 1.18	83		16	1: 1-	
	rears	Months	Days	It less than one day	Impediate cause of death	// A C	DURATION
Part of the	62	8	18	hrs m	fortune , sente		(04,
	UZ	0	1 10	1			
9. Birthplace		Md		ntate)	Bue to MARNING	e compro	
		(20%11			marchlan dia	200	2-34,
10. Usual eccupat	ion hou	isework	****************		Due to.		1/
11. Industry or bus	inece				A		
			3.3		The same of the	L Do. 64	4.4
12. Name 13. Birthplace		orero	Md			WO CONO	
出	An	na T.G	raham		(Include pregnancy withi	n 8 months of death)	
14. Malden na 15. Birthplace	ame				Major findings of operations		
图 15. Birthplace			Md			Date ef e	p
16. Informant	Mrs.F	rank P	Bohri.		Antopsy results		***************************************
					PHYSICIAN: Please underline the cause to		
Address		on Bri			22. VIOLENCE: If death was due to externa	causes, fill in the feliewin	ø:
17. bu	rial		. Date ther	eef Sept. 21, 1945 (month) (day) (year)			
(Burial, crema	tion, or re	moval. Which	()	(month) (day) (year)	Accident, sulcide, er hemicide		
Cemetery or cre	matory	eeaysv:	ттте	•••••	Where did injury eccur?(City or tov	wn) (County)	(State)
				·A			
18. Funeral direct	or C	.O.FUS	S & SON	(2-4	Means et Injury	Injured at wo	rk?
Address			eytown,		5 1 5.	21.400.4	
1 +	2 00		-	10:1	23. SIGNATURE	eroman	M. D. orather
19. Sept-	0,	1995	/	alkman	11 11 10	Man M	. 4/19/16
(Date rec'd b	y registrar	7)		Registr Registr	ar Address	Date	signed

Registrar Address

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-

CERTIFICATE OF DEATH

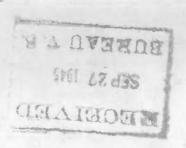
Reg. Dist. No.

1. PLACE OF D	EATH: roll			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. (If extride efter or town limits, write RIBAL and give negrest town)				State Maryland County County		
How long in above place of death? 12 days				City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium				Street No. 16 N. Vincent Street		
Colore	Branch,	Henry	ton, Maryland	(If rural, give LOCATION)		
3. (a) FULL NA					3. (b) Social Securit	
		PE	CRCY GODWIN		243-26-3	
4. Sex	5. Color or race	Color or race S.(a)Single, married, widowed, or divorced		MEDICAL CERTIFICATION		
male	col.	n	married (Sep.)	20, DATE OF DEATH Septembe	r 24, 1945	,at 6:15P
6.(b) Name of husba	nd or wife Marga	aret C	lodwin	21. I CERTIFY that death occurred on the date a	bove stated: that I attended de	ceased from
) If alive, give ageyears	September 12, 1 and that I last saw h im alive on Se	ot. 24.	19
7. Birth date of deceased (mo., da	y. yr.) March	1 5, 1	.923			
	ars Months	Days	If less than one day	Immediats cause of death	rculosis	Jan.
	22 6	19	hrsmln.			1945
9. Birthplace	North Care	olina	tate)	Due to		••••
			tate)		***************************************	
			······································	Duo to		*****
11. Industry or busin		ings		Dither conditions		
12. Name	Yank Hasti North Car	rolina	\			
04	Dohomto	a Gody	vin	(Include pregnancy within 3 months of death)		
14. Malden nar 15. Birthplace	North (Major findings of operations		
4	Reuben Hor	ffman.	M.D.	Autopsy results		
10. 111011112111	Henryton,			PHYSICIAN: Please underline the cause to	which death should be charge	ed statistically.
00	10.			22. VIOLENCE: If death was due to external		
(Burial, oremat	ion or removal. Which?	Date there	9/25/45 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or creq	atory		7.			
Location	elm	a,	nc.			
18. Funeral director	mrsk	alia	R. Willia	Means of Injury	Injured at work?	
			nolder &	23. SIGNATURE / Leesheys	lother ?	7.00
				23. SIGNATURE	M. I	D. or other
19. (Date rec'd by	registrar)	De	POLITY TOCA Registra	Address Henryton, Mc	Date signe	9-24-4

PLEASE WRITE PLAINLY, is especially

MARGIN RESERVED FOR BINDING

The correct age



PLEASE WRITE PLAINLY, WITH UNADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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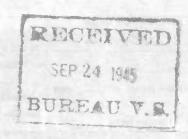
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (460)

CERTIFICATE OF DEATH

08894

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Land 27 Add 27 A		
(If outside city or town limits, write RURAL and give nearest town)	State Manage County Date County	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. 80 E. Maria	
	(If rural, give LOCATION)	
How tong to hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME Charles Henry H	3. (b) Social Security Number 219-20-4729	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDIÇAL CERTIFICATION	
my W married	20. DATE OF DEATH. Syst. 20 1945 21 3P.	
6.(6) Name of husband or wife Larrie M. Wilhide	21. I CERTIFY mandeath occurred on the date above stated; that I attended deceased from	
6.(c) If allve, give age 69 years	July 1941 to Sight 20- 1940	
7. Birth date of	and that I last saw h	
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION	
72 10 211	Carmona (Mojohozas)	
min.	Myradus (en)	
9. Birthplace Carroll 50 (Town, county, and state)	Due to.	
10. Usuat occupation Detailed in franchism	Due to	
11. Industry or business Business		
12. Name Samuel Francis Haman 13. Birthplace Pa.	Dther conditions	
	(Include pregnancy within 3 months of death)	
14. Malden name Sarah Frisher 15. Birthplace Carroll Co. And.		
15. Birthplace Carroll Co. md.	Major findings of operations. Date of op.	
18. Informant nary agree Harman	Autopsy results.	
	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Hudicas Commission of the Comm	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory W. S. M. M. M. M. C.	Where did injury occur? (City or town) (County) (State)	
Jacobian Wistminston md.	Injured at home, farm, Industry, public place (where?)	
LOCATION AND AND AND AND AND AND AND AND AND AN	Meaos of Injury Injured at work?	
18. Funeral director. H. Bank as A. Dorn	1 2 2 2 -	
Address Wispminston Md.	1 23. SIGNATURE N. C. Jermelle leet.	
19. 4/22 1945 Helivading	23. SIGNATURE M. D. or other	
(Date rec'd by registrar) Registrar	Address Discountific Date signed.	



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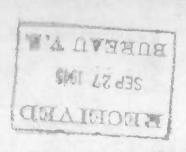
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /

CERTIFICATE OF DEATH

Reg. Diat. No. 74

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Sykes SV1116	State Maryland County Anne Arundel
How long in above place of death? 11 yrs., 2 mos., 25 day: Hospilal, Instilution, or street address where death occurred: Springfield State Hospital	
3. (a) FULL NAME Loseph Henderson	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	2D. DATE DF DEATH September 23 19.45 8:30a.m
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of S. C. If alive, give ageyeare	and that I last saw h
deceased (mo., day, yr.) April 21, 1874	Immediate cause of death
8. AGE: Years Months Days If less than one day 2	Brombo merenara 3 dans
9. BirthplaceGovanstown Md. (Town, county, and state)	Due to.
1D. Usual occupation	Due to
11. Industry or business	
12. NamJoseph A. Henderson 13. Birthplace Baltimore	Dither conditions of the state
14. Malden name Laura B. Lane 15. Birthplace New York, N. Y.	(Include pregnancy within 8 months of death) Major findings of operations
	Dale of op.
16. Informant Records of Springfield State	Autopsy results. Anne Oo Anne PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Hospital, Sykesville, Md. 17. Address Hospital, Sykesville, Md. (Burial, cremstion, or remoyal, Which?) Date thereo (month) (dos) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
	Accident, euicide, or homicide
Cemetery or crematory frames fulling the first the control of the	Where did injury occur?
Location Adella Land.	Injured at home, farm, induetry, public place (where?)
18. Funeral director C. Klassey Eslew	Meene of Injury Injured at work?
Addrees Syffeswille, Jud.	23. SIGNATURE M. D. or other
10 (Date/fee'd by registrar) (Date/fee'd by registrar) (Date/fee'd by registrar)	Address & - S. Appenille Ma Date signed - 25 - 45



VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. No. 74
1. PLACE OF DEATH: County County City or town. Hemryton City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 yr. 4 mo., 1 day Hospital, institution, or street address where death occurred: Waryland Luberculosis Sanatorium Colored Branch, Hemryton, Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 2531 Salem Street (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
WILLIAM HOLMES 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	213-01-4427
14. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male colored married	20. DATE OF DEATH September 3, 19 45 at 5.00P
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that lettended deceased from May 2, 1944, 10 Sept. 3, 1945 and that I last saw h. 1 m. alive on September 3, 1945
	Immediate cause of death
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis July 1941
9. Birthplace Virginia (Town, county, and state) 1D. Usual occupation Laborer 11. Industry or business 12. Name Guy Holmes 13. Birthplace Virginia	Due to
14. Maiden name Nettie Fletcher	(Include pregnancy within 3 months of death)
14. Malden name Nettie Fletcher 15. Birthplace Virginia	Major findings of operations
16. Informant Heuben Hoffman, M. D. Address Herryton, Md. 17. Jurial Bate thereof (month) (day) (year) Cemetery or crematory MT Calvary Canty Location A Characteristic Williams Canada Characteristics 18. Execution Williams Canada Characteristics	Autopsy results
Address 9/6 Peru Cove 19, 9/3 19, (Date rec'd by registrar) 19 puty 10cal Registrar	23. SIGNATURE Roaben Tolling M. D. or other M. D. or other Address Bate signed 9/3/45



PLEASE WRITE PLAINLY, 1 is especially

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
MINITERIN	DIMIL	DEI MILITIALI	OI.	HEALIN

2411 N. Charles St., Baltimore

08897

CERTIFICATE OF DEATH

Dist No. 74

	Reg. Diat. No.
1. PLACE OF DEATH: County	City or town (If outside city or town limits, write RURAL and give nearest town) 1816 Lorman Street
3. (a) FULL NAME	3. (b) Social Security Number
VIRGINIA	HORSEY
4. Sex 5. Color or race 6.(a) Single, married, wid	owed, or divorced MEDICAL CERTIFICATION
female col. singl	e 20. DATE OF DEATH September 27, 19 45 at 5:30P
6.(b) Name of husband or wife	and that I last saw h. er allve on September 27, 19 45
decesses (mo., ea), yes	Immediate cause of death
18 3 17	•••••••••••••••••••••• •••••••••••••••
9. Birthplace Baltimore, Md. (Town, county, and state) 10. Usual occupation none 11. Industry or business 12. Name Albert Horsey 13. Birthplace Unknown	Oue to
14. Malden name. Jane Smith Unknown	(Include pregnancy within 3 months of death) Major findings of operations.
	Date of op.
16. Informant Reuben Hoffman, M.D.	Autopsy results
Address Henryton, Maryland 17. (Burial, cremation, or removal, Which?) Cemetery or crematory. M. C. (Mod.) Location A. M. M. C. (Mod.) 18. Funeral director, O. C. (Mod.) Address 13 03 Freshman 1 19. Sept. 27, 19 45	t-1-45 22. VIOLENCE: It death was due to external causes, fill in the following; atch) (day) (year) Accident, suicide, or homicide



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462

08898

CERTIFICATE OF DEATH

	N 88. Dist. 140
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Herry Stere	State Maryland County Daniel
(If outside city or town limits, write RURAL and give nearest town)	104 - 1 -
How long in above place of death? The Mospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Idellia K Houck	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Macuel	MEDICAL CERTIFICATION 20. DATE OF OBATH Sept. 19 45 21 4:55 M
6.(6) Name of husband or wife Descried W Houck	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Teb-6-1873	and that I last saw have alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
/2 / Shrsmin.	Carcinomatasis 3mo
9. Birthpiace (Town, county, and state)	Due to Caracino of Cuesson 5 mm.
10. Usual occupation.	
11. Industry or business	Oue to
12. Name velu S Stricklin 13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Eliza a utz	Major fiadings of operations.
16. Informant Mus Morris Miller	Autopsy results
Address free find	22. VtOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Oate thereof (mough) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory Lillumania	Where did injury occur?
Location Fellemount Med	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Edwelliptou.	Means of Injury Injured at work?
Address Hauptstead, Meg	23. SIGNATURE Dannie C. Vartulus
10 Lept 13 1945 John S. Hughes. W.	Z3. SIGNATURE M. D. of other M. D. of other
(Dat/rec'd by registrar) Registrar	Address Samps time Ma Date signed 9-12-40

VS A15



UNFADING INK. Supply every item of information carefully. The correct age tant. Physicians: please write the causes of death clearly and legibly. FOR BINDING MARGIN RESERVED

WRITE PLAINLY, WITH UNF is especially important.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08899

Reg. Dist. No. 79

1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
County			***************************************	State Maryland County Carroll		
			URAL and give nearest town)			
Now long in shove place	of death? 3	Months	3	(If ontside city or town li	mits, write RURAL and give near	est town)
Hospital, Institution, or	street address where	death occurred	:	Street No. Near Detou:	<u>r</u>	• • • • • • • • • • • • • • • • • • • •
Near D	etour			(If rural, give LOCATION) None		
How long in hospital o	r Institution?			2.(a) It veteran, name war		
3. (a) FULL NAM					3. (b) Social Security N	umber
	SUSI	E ELIZ	ZABETH HOUCK		None	
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	2.50
F	W		W	20. DATE OF DEATH Suff	4 1945	at 4 9 N
8.(b) Name of husband	Dan	iel E.	Houck	21. I CERTIFY that death occurred on the date	above stated; that I attended deceas	ed trom
				9- L	19 4 J 10 9 7 4	~ 18 4 J
7. Birth date of			c) If alive, give ageyears	and that I last saw h. A. alive on	9-3-41	19
deceased (mo., day,	yr.) Octobe:	r 29,	1863	Immediate cause of death		DURATION
8. AGE: Year	s Months	Days	It less than one day			
81		5	hrs min.	arleno S	cherry	*****
10. Usual occupation.	At Ho	, commity, and	erick-Maryland	Due to		
E 12. Hamo	onas E.)	Diher conditions		
13. Birthplace	Penna			(Include pregnancy with	n 8 months of death)	
里 14. Maiden name	Mary Ro	O T		Major findings of operations	***************************************	***************
14. Maiden name	Frederi	ck Cou	inty Maryland			******************
Mr.	s. Clare	nce C.	Burrier	4.4		
Da			l - Rural	PHYSICIAN: Please underline the cause t	to which death should be charged a	tatistically.
Address De Buria				22. VIOLENCE: It death was due to externo	al causes, till in the following;	
17. Dur'il aventic	n, or removal. Which	Date the	reot 9/6/45 (month) (day) (year)	Accident, suicide, or homicide	Date of	
(Durial, crematio	Mount	Olivet	cemetery	Where did injury occur?(City or to	wn) (County)	(State)
	Freder	ick. 1	Maryland	Injured at home, farm, Industry, public place		
Location	W R	· · · · · · · · · · · · · · · · · · ·	son and Son	Means of Injury	Injured at work?	
18. Funeral director.			000000000000000000000000000000000000000	h /	P	
Address	Freder	ick, l	Maryland	23. SIGNATURE	· hegar	M. D.
19. A Sea	19 4 5	Sa.	10/13/45 Registrar		M. D. o	9-4-40

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BUREAU V.R.

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MARYLAND STATE DEPARTMENT OF HEALTH

		(18	900 ,
×	Reg.	Dist.	No. 76

	rles St., Baltimore 170-0
CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Cou	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Dalla (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospitat or institution?	2.(a) It veteran, name war
3.(a) FULL NAME Howard Millon H	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced married.	MEDICAL CERTIFICATION 20. DATE OF DEATH September 12 1945 16:45
8.(b) Name of husband or wife & Samma and Cruz Hy Le	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of deceased (mo., day, yr.) Sec. 23 - 18 6 9	and that I last saw h
8. AGE: Years Months Days If less than one day 75 & 12	Immediate cause of death DURATION Fractured Orule Coup fracture left forum Due to Fracture left less
(Town, county, and state) 10. Usual occupation. C. on ha clan	Due to.
11. Industry or business Concrete wark 12. Name Jaken C Hyle 13. Birthplace Md 14. 15. Birthplace Md 15. Birthplace Md 16. Birthplace Md 17. Birthplace Md 18. Birthplace Md 18. Birthplace Md 18. Birthplace Md	Other conditions
14. Malden name. Nelen Dear dorft 15. Birthplace and.	(Include pregnancy within 8 months of death) Major findings of operations
18. Informant & Laners ca Q. Hyle Address Wishmington Md.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external seases, filt in the tollowing: Accident, suicide, or homicide file file file file file file file fil
Cometery or crematory. As Class Com.	Where did injury occure (City or town) (State) Injured at home, farm, industry, public place (where?) (Where?)
18. Funeral director ABankand Son	Meaos of Injustifica by autorestitioned at work? The
Address W. plminston ml.	- 23. SIGNATURE TULEY T Thoral, Deputy The lies Cexamine
19. (Date rec'd by registrar)	M. D. or other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

M. D. or other

Reg. Dist. No

CERTIFICATE OF DEATH

. PLACE OF I	Carroll					
lity or town	Henryt	wn limits,	write RURAL days	L and give 1	nearest town)	
losuital. Institution.	or street address w	here death	occurred:		******************	
Marylan	d Tuber Branch or Institution?	culo	sis S	ana to	rium arvland	
low long in hospital	or institution?					
3. (a) FULL NA	ME					
			ELEA	NORA	JACKSON	

	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland County
	City or town
	Street No. 345 Forrest Street
	(If rural, give LOCATION)
II.	2.(a) It veteran, name war

				MALORIA BAORDON
4. Sex	5. (Color or race	6.(a)Sing	le, married, widowed, or divorced
female		col.		single
6.(b) Name of hu 7. Birth date ot deceased (mo.			6.((c)Italive, give ageyears
8. AGE:	Years	Months	Days	It less than one day
	18	9	16	hrs min.
9. Birthplace		n On	n, county, and	state)
11. Industry or b	usiness			
12. Name	777	las Ja Lorida	ckson	
14. Maiden 15. Birthplas	T	Mattie Jnknow		
Address	Henning or a	yton,	Mary	M.D. land reol. (hyponth) (day) (year)

Street No. 345 FORTES (If rural, give I		
2.(a) It veteran, name war		
	3. (b) Social Security	Number
MEDICAL CE	RTIFICATION	
20. DATE OF DEATH September 2		
21. I CERTIFY that death occurred on the date above August 25. 19.	5 , Sent	24, 19. 45.
and that I last saw h.er alive on Ser		
Immediate cause of death Pulmonary Tubercu		7045
Due to		
Due to		1
Dther conditions		
(Include pregnancy within 3 m	onths of death)	
Major findings of operations		
Antopsy results	ch death should he charged	statistically.
22. VIOLENCE: It death was due to external caus	es, till in the tollowing:	
Accident, suicide, or homicide		
Where did injury occur?(City or town)	(County)	(State)
Injured at home, farm, Industry, public place (who	ere?)	*******************
Means of Injury	Injured at work?	

Local Registrar Address Henryton, Maryland

VS A15

ly every item of information carefully. The corwrite the causes of death clearly and legibly.

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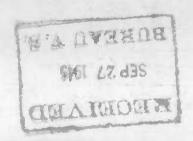
MARGIN RESERVED

ADING INK. Physicians

important.

PLEASE WRITE PLAINLY, is especially

Address



2411 N. Charles St., Baltimore 20

08902

CERTIFICATE OF DEATH

	Reg. Dist. No	.01
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Carroll	Manuland	
City or town	Poltimone	
How long in above place of death? 1 month, 14 days	(If outside city or town limits, write RURAL and give nearest town)	
nospital, institution, or atreet address where death occurred:	Street No. 817 N. Fremont Avenue	
Maryland Tuberculosis Sanatorium	(If rural, give LOCATION)	
Colored Branch, Henryton, Maryland	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
SADIE ELIZABETH JOH	HNSON	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female colored single	20, DATE OF DEATH. September 20, 19 45 at 9:001	P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	August 6, 19 45 to September 19 12	45
7. Birth date of	and that I last aaw h er alive on Sept. 20, 19.45	5
deceased (mo., day, yr.) March 1, 1925 8 AGF: Years Months Days If less than one day	Immediate cause of death	
0. AGE.	Miliary Tuberculosis July	
	1945	
9. Birthplace Petersburg, Va (Town, county, and state)	Due to	*****
10. Usual occupation Packer	Due to	
11. Industry or business		
12. Name Alfred Johnson 13. Birthplace Unknown	Dther conditions	
	(incinde pregnancy within 3 months of death)	
14. Malden name Mamie Anderson Unknown		
Unknown .	Major findings of operations.	
Reuben Hoffman M D	Date of op,	
104 1010, 10001	Autopsy results	
Address Henryton, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;	
17 Buttlal Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremetery & Online	Whera did injury occur?	
Cemetery of creations		
Location Control Contr	Injured at home, farm, industry, public place (where?)	
18. Funeral director AMA LACKALLA	Maans of Injury Injured at work?	
Address Ollvester De	23. SIGNATURE Cleuken Hofman, m.D.	
Sont 20 15 /100 101	M. D. or other	*****
19. Sept. 20, 19 45 Albert Swankar (Date rec'd by registrar) Deputy Local Registrar	Address Henryton, Maryland Date signed 9-20-4:	5

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INE SA is especially important. Physicians: Press

pply every item of information carefully. The correct age se write the causes of death clearly and legibly.

VS A15

PLEASE

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correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08963

M. D. DIL

CERTIF	FICATE OF DEATH Rog. Diat. No. 81.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Carroll City or town Union Bridge Rural (If outside city or town limits, write RURAL and give nearest town) Street No. Linwood-McKinstrys Road (If rural, give LOCATION) 2.(a) If veteran, name war. None
3. (a) FULL NAME	3. (b) Social Security Number
Joseph Wilson Jones	None
4. Sex 5. Color or race 6.(a) Slogle, married, widowed, or divorce Male Colored Widowed	MEDICAL CERTIFICATION 2D. DATE OF DEATH
6.(b) Name of bushand or wife Zanie Myers Jones 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Mooths Days If less than one day	Immediate cause of death DURATION
9. Birthplace Carroll County Maryland (Town, county, and atate) 10. Usual occupation Blacksmith	Due to Du
11. Industry or business Self-Employed 12. Name	Diber conditions AMA AMA AMA (Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Daniel W Jones Address Union Bridge Md R 1	Autopsy results. PIIYSICIAN: Please underline the cause to which death should be charged statistically.
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Western Chapel Cemeter	
location near Westminster Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director D.D. Hartzler & Sons	Means of Injury Injured at work?
Address Union Bridge & New Windsor A	d S

23. SIGNATURE.

Address.

Registrar

VS A15

PLEASE

19. (Date rec'd by registrar)

C STATE ASSESSMENT OF STATE production of the state of the Manad good vermoo Monyeo Sevola-Matria Chilles I state or action to deliver of - Phose were there of

2411 N. Charles St., Baltimore 13

at 6.40P M

19.45 DURATION

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DE.	roll	•••••••		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State Maryland		· Con-
City or town (If outside city or town limits, write RURAL and give nearest town)			RURAL and give nearest town)	Roll++	ty	
How long in above place	of death?	month	, 5 days	City or townBaltimore (If outside city or town limits,	write RURAL and give ne	arest town)
Hospital, institution, or	street address where	death occurre	s Sanatorium	Street No. 526 Oxford St		
		ulost		(If rural, give I		
How long In hospital or	Institution?	enr	yton, Maryland.	2.(a) If veteran, name war	***************************************	
3. (a) FULL NAME					3. (b) Social Security	Number
	M	ARY J	ONES			Tramber.
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICALCE	RTIFICATION	
female	colored	qi	ingle			
	0010100		11810	2D. DATE OF DEATH September	7, 1945	,at 6.40
6.(b) Name of husband				21.1 CERTIFY that death occurred on the date above August 2,	stated; that I attended dece	7 19.4
7. Birth date of	Tesler		(c) If alive, give ageyears	and that I last saw h. er allve on Sept	tember 7,	19.4
deceased (mo., day, y				Immediate cause of death	***************************************	DURATION
8. AGE: Years	Months	Days	If less than one day	Pulmonary Tubercul	losis	April
24	2	6	hrs min.			1945
9. Birthplace Baltimore, Md. (Town, county, and state) Domestic			W. 0	Due to		• • • • • • • • • • • • • • • • • • • •
1D. Usual occupation	20Me36	10		Due to		
11. Industry or business		4			***************************************	
12. Name	Ernest	one	3	Dither conditions	***************************************	
I 13. Birthplace	Virgin	ia				
E	Fligab		ohnson	(Include pregnancy within 3 mo	onths of death)	-
14. Maiden name 15. Birthplace			Y.ARAA.W.W.AA	Major findings of operations	0 **** 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
≥ 15. Birthplace	Virgin				Date of op	
16. Informant	Reuben	Hoffi	nam, w. D.	Autopsy results.	***************************************	0++++++++++++++++++++++++++++++++++++++
Address Henryton, Md.			a	PHYSICIAN: Please underline the cause to which	h death should he charged	statistically.
Bust.	01111		Part Durant	22. VIOLENCE: If death was due to external cause	s, fill in the following:	
(Burial, cremation,	or removal. Which?	Date ther	eot (month) (day) (year)	Accident, suicide, or homicide	Date of	*********************
Cemetery or crematory Mt Autrus				Where did injury occur?(City or town)		
B. H. and P. L.						(State)
Location	Massie	V. Cs		Injured at home, farm, industry, public place (when		
18. Funeral director, Sev. S. A. Dusch				Mesns of Injury	Injured at work?	
Address 1303 Messtrom St.			as St.	7) -	400	3
ADDIESS / O J/ JUST Man . 101.			on p	23. SIGNATURE / Clesheu K	Ofman M.	D .
19. 9/7 (Date rec'd by reg	istrar) 1945	clle	LOCAL Registrar	Address Henryton, Md.	M. D. Date signed	or other 9/7/45

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information carefully. The dot death clearly and legibly.

ADING INK. Supply every item of Physicians: please write the causes

important.

PLEASE WRITE PLAINLY, is especially

FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 230

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CERTIFICATE OF DEATH

Reg. Diat. No.

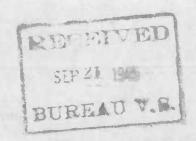
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in fints giv residence of mother)
County	State Man gange
City or town	
How tong in above place of death? Hospital, institution, or site of addy as there death accurred.	City or town (1f outside city or town limits, write RUBAL and give nearest town) Syest 700.3 1
January Self Stall Storfulal	(If rural, five LOCATION)
How long in hyspital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, of divorced	MEDICAL CERTIFICATION
I We Wadowed	20, DATE DE DEATH. 1145 26 # 19.45 21 8-15 M
6.(b) Name of husband or will harles Menuf	21. I CENTIFY that death occurred on the date more stated; that I attended depeased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one day	A A
72 / 64hrsmin.	Cerebill hemonthy 3 ha
9. Birthplace (Town, county And state)	Que to
10. Usual occupation	Que to
11. industry (Bushess)	Tend Conterno Selevoro
12. Nage alendary of the standary of the stand	Other conditions
	(Include pregratic within 3 months of death)
14. Maiden name MANY Africa Suffring. 15. Birthplace Many January	Major findings of operations.
\$ 15. Birthplace	
16. House Church of Mesself	Antopsy results
1 Add 3 1 Mongord we Bally	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, eremation, or removal, Which?) (Burial, eremation, or removal, Which?)	Accident, evicide, or homicide
Cemetery or crematory Parkwood	Where did injury occur?
Location Taylor avenue	Injured at home, farm, Industry, public place (where?)
Mark C Miller I are	Means of Injury Injured at work?
18. Funeral director down C. Yutte d Me.	Carry VII to Son
Address & 435 UE. O lever Street	P3. SIGNATURE AND MICHAEL MICH
19. (Date rec'd by registrar) Registrar	Address Malanelle Magie signed 1 26/45
(Date let u by legistrar)	Additional designation of the second seco

VS

MARYLAND STATE DEPARTMENT OF HEALTH

08906

-			2411 N. Charle	PARTMENT OF HEALTH See St., Baltimore B.C. TE OF DEATH	08906 Reg. Dist. No	74
Hospital Institution or	ATH: arroll enryton utside city or town limits of death? 1 yr • street address where death d Tubercul Branch, H Institution?	occurred:		Street No. 442 W. Bidd	ounty its, write RURAL and give not le St.	earest town)
3. (a) FULL NAM		WADE GADD	7 T.TTTT.R		3. (b) Social Security 239-05-4	
4, Sex		.(a)Single, married, widowe		MEDICAL C	CERTIFICATION	
male	colored	singl	е		18, 1945	4:10P.
		6.(c) If alive, give ag	eyears	21. I CERTIFY that death occurred on the date at November 30, 19 and that I last saw h im. alive on Se	43 . Sept. ptember 18,	18, 19 45
8. AGE: Years		Days If less than o		Tuberculous Meni	ngitis	8-18-45
10. Usual occupation 11. Industry or busines 12. Name		N.C.		Due to	8 months of death)	10-19-4:
16. Informani Reuben Hoffman, M.D. Address Henryton, Maryland 17. (Burial, cremation, or removal, Which?) Date thereof Control (day) (year)				Autopsy results	which death should be charged auses, fill in the tollowing;	d statistically.
Cemetery or cremate Location	orth	Sarah hus Ha	na Co Cegar	(City or town Injured at home, farm, Industry, public place (
Address /	8 Srlu 18, 19 45	allen fr	for and Registrar	23. SIGNATURE. Lealer /9. Address. Henryton, Mo		or other 9-18-45



MARYLAND STATE DEPARTMENT OF HEALTH

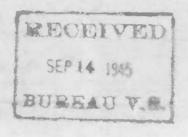
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTIFICAT	Reg, Dist, No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Carroll	(For newborn infante give residence of mother)
City or town Sykesville (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Carroll
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town Sykesville (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
	Street No
How long In hospital or instillution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3.(b) Social Security Number
Mary McBonald 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	None
	MEDICAL CERTIFICATION
Female White Single	20. DATE OF DEATH Sept. 10th, 1945 19 3-30 P.M.
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(c) If alive, give age vears	Chron 194 2,10 Bef 19 19 4 3
7. Birth date of	and that I last saw h Asalive on
deceased (mo., day, yr.) June 29th, 1857	Immediate cause of death DURATION
O. Roll	Paleta De la
88 2 12min.	Hyportone Vummers
9. Birthplace (Town, county, and state)	Oue to
(Town, county, and atate)	
10. Usual occupation	Due to
11. Industry or business	
12. Name Matthew Mc. Donald 13. Birthplace Unknown	Dither conditions Anny sear 1 Forts
	ly
14. Malden name Catherine Lennon Unknown	(Include pregnancy within 3 months of death)
15. Birthplace Unknown	Major findings of operations.
	Date of op
16. Informant Mrs. Howard Scott	Antopsy results
Address Sykesville, Md.	
Burial Date thereof 9-13-45 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St. Joseph's Cemetery	Where did injury occur?
Location Sykesville, Md.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director C. Harry Weer	Means of injury Injured at work?
Address Sykesville.Md.	HAT Brance WID
0 4/ 5/1	23. SIGNATURE M. D. O Ther
19. 9-11-45 19 C. Alaxy Well Registrar	Address Jy Fersylle Mate signed 11/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Charles St., Baltimore 97 CERTIFICATE OF DEATH

	- {	18	908
Dan			74

11		
1	1. PLACE OF DEATH: Carroll.	2. USUAL RESIDENCE (HOME) OF DECEASED:
	City or town Sykesville, Md. (Rurol),	State Maryland County
I	How long in above place of death? 1452, 0 2005, 5 days,	City or town
	Rospital, Institution, or street address where death occurred: Sprengfield State Hospital.	Street No 3207 Belmont ave Howard Park.
	How long in hospital or institution? 17 41.5 , 8 m 05 , 5 days.	(If rural, give LOCATION) 2.(a) If veteran, name war.
	3. (a) FULL NAME	2 (b) Said Said Nath
	Thomas Bond Pois	al.
I	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	Male. White. Single.	20. DATE OF DEATH September 24 1045 ,105 p.
	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
		april 1, 1,36 1,5ept. 24 1,45
	7. Birth dale of deceased (mo., day, yr.) august 9, 1878.	and that I last saw h immalive on September 24 1845.
	8. AGE: Years Mond's Days If less than one day	with Hypertension-prior to 1-19-28.
	67. 2. 15	7 20.
	9) Birthplace Ballimore, Md.	Due to
1	Delivery man.	
+	11. Industry or business Dairy.	Due to
		Dihe conditions Psychosis C. Mental
	13. Birtholace Maryland.	Deficiency — prior to 1-1928. (Include prograssey within 8 months of death)
ľ	14. Maiden name Eliza 9. Foster. 15. Birthpiace Maryland.	
	15. Birthplace Maryland.	Major fiedings of operations
	19. Interment Springfield Hospital Record.	Aotopsy results
ı	Address Sylewille, Md.	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
	17 Burial (Burial, or removal, Whishe) Date thereot 9-27-45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide
	Cemetery of comments.	Where did injury occur?
	Balt mul	(City or town) (County) (State)
	Location Carlo Deads Jeen	Means of injury Injured at work?
	12:- DE P 1 +	2/ 77 20 7
	Address 127 J. Jan S	23. SIGNATURE Harry J. Baer, M. F.
	(Date ree'd by registrar)	Address Sylvesville, Md. Date signed 9-24-45.

HILLAND SO THE HELLAND, TATE OF LIVERS

CHECKIE OF DEATH



ADYNG INK. Supply every item of information carefully. The correspicance physicians: please write the causes of death clearly and legibly. MARGIN PESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNF is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (40-D)

CERTIFICATE OF DEATH

	Riffel
Reg. Dis	. No. / 6

A. PLACE OF DE		22077		2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	UB.	rroll	0.0000000000000000000000000000000000000	(For newborn infants give residence of mother)		
City or town	Egstv.	rew	7	state Maryland county Carroll		
City or town				City or town Eastview	***************************************	
How long in above place of death?				City or town. (If cotside city or town limits, write RURAL and give ceal R.D. Westminster	est town)	
				Street No. (If rural, give LOCATION)	000000000000000000000000000000000000000	
How long in hospital or	Institution?			2.(a) If veteran, name war	*******************	
3. (a) FULL NAMI	E			3. (b) Social Security h	lumber	
		THOMA	S S. POOLE	S. (o) Social Security		
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Ma	rried	20, DATE OF DEATH Sept. 20, 1945	12;10P	
6.(b) Name of-husband	Ma Ma	ary A.	Poble	21. I CERTIFY that death occurred on the date above stated; that traitended decea	sed from	
			69	1942 to Ay 5 2	0-1845	
7. Birth date of			c) It alive, give ageyears	and that I last saw h. A. M. alive on	1945	
deceased (mo., day, y			.4, 1865	Immediate cause of death	DURATION	
8. AGE: Years		Days	If tess than one day	Carcinoma (whiten)		
80	5	6	hrs min.	Myoranders (cha)	***************************************	
Carroll Co. Maryland			vland	Myshile (chr)	***************************************	
9. Birthplace	_(Town	couoty, nnd	state)	Due to.	***************************************	
10. Usual occupation	Farn	ier			\$00 01 XX000 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
11. Industry or busines:				Due to	***************************************	
John H. Poole Manual and				-	************	
				Diher conditions	************************	
≦ 13. Birthplace	209 * 1			(Inclode pregnancy within 3 months of death)		
14. Maiden name 15. Birthplace	Elizabe	th C.	Murray			
O 15 Birthniana		Maryl	and	Major findings of operations.		
Mrc	. Mary	Poc	J.A.	Bate of op.		
18. Informant		*****************		PHYSICIAN: Ptease underline the cause to which death should be charged a	tatistically	
Address	West	minst	er, Md.		tational any .	
Buria	1	Data than	9-24-45 (mooth) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following:		
(Burial, eremation	or removal, Which) wate ther	(mooth) (day) (year)	Accident, suicide, or homicide		
Cemetery or oremate	Pro	oviden	ice	Where did injury occur? (City or town) (Coooty)	(State)	
		roll C	o. Maryland	tnjured at home, farm, industry, public place (where?)		
18. Funerat director	(C.M.Wa	ltz	Means of Injury tnjured at work?		
	/	***************************************	eld. Md.	1 1 1 0 00 11.	7	
Address		AA TIII T	Ciu, Mu.	23. SIGNATURE C TIMELE	ano,	
10 4.	50 18 YN	- 1	Klynom	1 2 56/ 1 1 M. Y. o	r other	
(Date rec'd by rec	rietrar)		Registrar	Address Rate Stand		

SEF 22 194 BUREAU V.R.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
PLACE OF DEATH	159
County urrall	Registration Dist. No.
Millage or City Melastreenestly hed	No. St., Ward
Length of residence in city or town where death occurredyrs. //www.mos	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Boby Bay /	equeria 1 - 1
(a) Residence: No. 2 3 8 & Makes (Usual place of abode)	St., Ward. W. Museul M. Leads If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, that I attapted date and from
6. DATE OF BIRTH (month, day, and year) Septembers 9/1945	I last saw h day aliva on Sept 19, 1940; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at \$130 fm.
1 day, hrs. or Z.D. min.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were es follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Date of oncet
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this excusation (ment) and	
10. Date deceased last worked at this occupation (month and yaar) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Westqueusly Furt	Other Contributory Causes of importance:
13. NAME Carl Readly 14. BIRTHPLACE (city or town). Frederick Co	Nama of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Deaucule 16. BIRTHPLACE (city or town). Fredlyuk Co	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). The selection (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT Title Republication 19 18 18 18 18 18 18 18 18 18 18 18 18 18	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date 11 20 1955	Manner of injury
19. UNDERTAKER (Address)	24. Was disease or injury In any way ralated to occupation of deceased?
20. FILED 9/20, 19 Registrar.	(Signed) Aller Apple Men D.
If more blanks are needed address State Printer	No.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis BULLA	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

RESERVED

MARGIN

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephritis Date of onset of importance were as follows: Attack of epilepsy Run over by street car	Date of onset 1 week ago
	1 week ago
Chronic interestities amounties 1001 Run over his street car	
Chronic therse and he parallel	1 week ago
Cerebral hemorrhage July 5,1927 Peritonitis	3 days ago
Other contributory causes of importance:	
Gallstones May 1, 1923 Gastroenteritis	1 year
DC .	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08912

2411 N. Charles St., Baltimore 13

			CERTIFIC	AIL	L OF DEATH Reg. Dist. No	74
1. PLACE OF DEATH: County Carroll City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 month, 23 days Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Unioned Branch, Henryton, Maryland How long in hospital or institution?			RAL and give nearest town)		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give ne Street No. Saratoga Street (If rural, give LOCATION) 2.(a) If veteran, name war.	arest town)
3. (a) FULL NAME					3. (b) Social Security	Number
		LORI	ELL MASON REI	ED	223-03-03	69
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced		MEDICAL CERTIFICATION	
female	col.		married		20. DATE OF DEATH September 25, 19 45	12:45A
	NT	§.(c)	If alive, give age	years	21. I CERTIFY that death occurred on the date above stated; that I attended dece August 2, 19 45 to September 25, and that I last saw here alive on September 25,	25, 19 45 19 45
8. AGE: Years		Days	If less than one day		Immediate cause of death	July 1,
22	10	19	hrs			1945
	Domest enjamin	ic Mason	Sr.		Due to	
3. Birthplace Mountson, North Carolina					(Include pregnancy within 3 months of death)	
14. Malden name Nora Meade					Major findings of operations	
14. Maiden name Nora Meade 15. Birthpiace Richmond, Va. 16. Informant Reuben Hoffman, M.D. Address Henryton, Maryland 17. Maryland 18. Funeral director Learney Constant 18. Funeral director Learney Gallenge St. Address G2 S C Gallenge St.			Autopsy results			
			22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)		
19. Sept.	25, 19 45	all	outy Local Regis	00		or other 9-25-45

Local Registrar Address Henry ton, Md

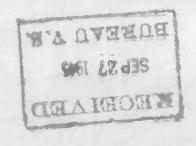
ADING/INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

WITH UNF.

PLEASE WRITE PLAINLY, WITH UNF is especially important.

A15 NS

MARGIN RESERVED FOR BINDING



UNFADING INK. Supply every item of information carefully. The correct age cant. Physicians: please write the causes of death clearly and legibly.

MA	UNF tant.
	WITH UN important.
	PLEASE WRITE PLAINLY, WITH UNF is especially important.
	WRITE 1
A AID	PLEASE

Addition of mother's 2d name MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 22 filmed G99 10-30-45 LL

08913

	Di.	B.I	
ceg.	Dist.	IAO.	******

CERTIFICATE OF DEATH Reg. Dist. No				
1. PLACE OF DEATH: County Carroll City or town Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Md. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infante give residence of mother) State			
3. (a) FULL NAME	3. (b) Social Security Number			
JOHN DOUGLAS RIC	EH 217-16-9010			
4. Sex 5. Color or race , 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
male colored widowed	20. DATE OF DEATH. September 14, 1945 at 5:30Pm			
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 27, 19. 45, to Sept. 14, 19. 45 and that I last saw h im alive on September 14, 19. 45			
8. AGE: Years Months Days If less than one day 38 7 , 13 hrsmin.	Immediate cause of death DURATION March			
9. Birthplace Denton, Md. (Town, county, and state) 10. Usual occupation Welder 11. Industry or business	Due to			
12. Name John Henry Rich 13. Birtholace Denton, Maryland	Dther conditions			
	(Include pregnancy within 3 months of death)			
14. Maiden name Sarah/Sullivan 15. Birthplace Denton, Maryland	Major findings of operations.			
16. Informant Reuben Hoffman, M.D.	Antopsy results			
Address Henryton, Maryland 17. (Burial, cremation, or removal. Which?) Cemetery or crematory Location 18. Funeral director Location Address Henryton, Maryland (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide			
Address Salialing md 19. Sept. 14, 19 45 Uffind Swalls (Date rec'd by registrar) Deputy Local Registrar	23. SIGNATURE beeker toffman ? D. M. D. or other Address Henryton, Md. Bate signed 9-14-45			



correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

NS

RESERVED FOR BINDING

MARGIN

1. PLACE OF DEATH:

2411 N. Charlee St., Baltimore CERTIFICATE OF DEATH

Reg. Diet. No.

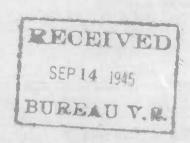
1. PLACE OF DEATH: Carroll County			381 S	Street No. R.D. WESTM1	f mother) Carroll ounty Tille ts, write RURAL and give neerest town)
		*************	***************************************	2.(a) If veteran, name war	
3. (a) FULL NAM	M M	RS. W	ILLA E. RIGLER		3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Female		Wi		20 DATE DE DEATH Sept.	19, 19, 45 6;45A.
dece	*************************	6.(4	e) It alive, give ageyear	21. I CERTIFY that death occurred on the date at	bove stated; that I strended deceased from 43 to Super 19 19
7. Birth date of deceased (mo., day,	yr.) Au	g. 10	, 1867	and that I last saw harmalive on self	19 7
8. AGE: Yea 7	111-2	Days 9	If less than one day	Immediate cause of death.	deese 4 yo
	arroll Co (Town, N	county, and s	tate)	Due to	
			•••••••••••••••••••••••••••••••••••••••	Due to	
11. Industry or busine	Wesley	J. Ha	rn	-	
12. Name	M	aryla	nd	Dther conditions	
	Erith			(Incinde pregnancy within 8	
14. Maiden name		aryla	nd	Major findings of operations	
16. Informant Mi	ss Eloise	Friz	zell		Date of op.
Address Westminster, Md.				PHYSICIAN: Pleese underline the ceuse to w	
n Bur	ial	Date there	9-21-45	22. VIOLENCE: It death was due to external ca	Date ot
Cemetery or eremet	Tay	TOTPA	11 00 Md	Where did injury occur? (City or town)	(County) (State)
			oll Co., Md.	Injured at home, tarm, Industry, public place (w	
18. Funeral director	C.M.	Waltz	***************************************	Means of Injury	injured at work?
Address	Wi	nfiel	d, Md.	James TMA	red).
19 Sefet (Date rec'd by re	20 19 45'		Torres Registrar	23. Signary Waleumster	M. D. or other 9/19/43



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charl	EPARTMENT OF HEALTH les St., Baltimore Be TE OF DEATH Reg. Diat. No. 74
1. PLACE OF DEATH: County Carroll City or town. Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? I month, 21 days Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Maryland How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Harford City or town. Street (If ontside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) it veteran, name war.
3. (a) FULL NAME GLADYS SCHOATE	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced female colored married	MEDICAL CERTIFICATION 2D. DATE OF DEATH. September 11, 19 45, at 5:35 A
6.(b) Name of husband or wite Arthur Choate 5.(c) If alive, give age 39 years 7. 6irth date of deceased (mo., day, yr.) November 6, 1917 8. AGE: Years Months Days If less than one day 27 10 5 hrs. min.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20, 19. 45, 10. Sept. 11, 19. 45 end that I last saw h. er alive on September 11, 19. 45 Immediate cause of death. DURATION Pulmonary Tuberculosis Jan. 15, 194
9. 6 orthplace	Due to
Henry Robinson 12. Name Henry Robinson 13. Stribplace Forest Hill, Md. 14. Malden name Lillie Bradford 15. Birthplace Forest Hill, Md. 16. Jaformant Reuben Hoffman, Md.	(Include pregnancy within 3 months of death) Major fiadiogs of operatioos. Date of op.
Address Henryton, Maryland 17 Burial Date thereof (month) (day) (year) Cemetery or crematory factories Location forself Hill Harford (s.) and.	PHYSICIAN: Please noderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide
16. Funeral director Manual Address Ant Tisvelle Miles (Date ree'd by registrar) 19. Deputy Local Registrar	23. SIGNATURE Rusey My Fina M. D. or other Address Henryton, Maryland Date signed 9=11-45.



important.

PLEASE WRITE PLAINLY,

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

U8916

Reg. Diat. No. 24

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infanta give residence of mother)
CountyCarroll.	
City or town	
How long in above place of death? 17 days	City or town Westminster (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death	
Springfield State Hospital	Street No
How long in hospital or institution? 17 days	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
George Francis Sharrer	
4. Sex 5. Color or raca 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH Sept. 27 1945 ,at 1:30p M
B.(b) Name of husband or wife	Sept. 10 19 45 to Sept. 27 19 45
7. Birth date of Tabassa and T	and thaf I last saw h im alive on Sept. 27, 1945
7. 8irth date of deceased (mo., day, yr.) February 22, 1880	and that I lest sen it
8. AGE: Years Months Days tf less than one day	Immediate cause uf death
65 7 5hrsmin.	Chronic Myscard I.
8. Birthplace Westminster, Maryland	
9. Birthplace (Town, county, and state)	Due 10.
10. Usual occupation	The state of the s
	Due fo
11. industry or business	
12. Name George E. Sharrer 13. Birthplace Maryland	Other conditions Alm Agriculture and Agricultu
13. Birthplace Maryland	(Include pregnancy within 3 months of death)
質 14 Majden name Sarah Cook	
Sarah Cook 14. Maiden name. Sarah Cook 15. Birthplace Pennsylvania Records of Springfield State	Major findings of operations.
Penanda of Cantage 13 Ctata	Date of op.
16. Informant	Autopsy results.
Address Hospital, Sykesville, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
- Aurial 9-19-45	22. VIOLENCE: If death was due to external causes, fill in the following;
Bafe thereof (gonth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Westminster	Where did injury occur?
	Injured at home, farm, industry, public place (where?)
Location Westminster Man	
18. Funeral director	Maans of Injury Injured of work?
Address Weltmins for mo	1/ 0 1 11 5. 0 4 m D
	23. SIGNATURE M./ D. or other
18 Slatt. 27 19H5 C. Glarry Ween	Ash Has de be M. mil 9.2)-45
(Date rec'd by registrar) Registrar	Address Water signed

COT 1 1945 BUREAU Y.S. MARGIN RESERVED FOR BINDING

VS A15

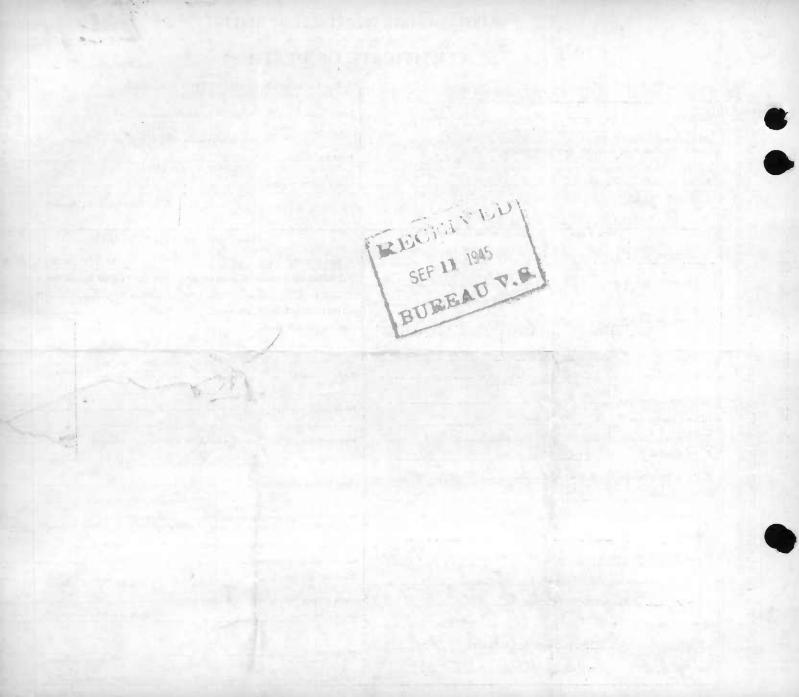
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-4

CERTIFICATE OF DEATH

Reg. Diat. No. 17

	100
1. PLACE OF DEATH: Qurroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (IF outside city/or town limits, write RURAL and give nearest town)	State Makey land County County
How long in above place of death? 59 Years.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred	
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Sarah. Elizabeth Snyo	er.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Ferrale while widow	20. DATE OF DEATH. Sept 6. 19.45 at 1/10 h
8.(b) Name of husband or wife. Chas. and saud. Say der.	21. I CERTIFY that death occurred on the date above stated: that I attended degrased from
	SU/4 12 1839, to Dept 6 1845
7. Birth date of	and that I last sawh end alive on Sept 5- 19 45
deceased (mo., day, yr.) JANUARY 21, 1862.	Immediate cause of death
8. AGE: Years Months Days if less than one day 8. AGE: 10	Chronic Myscarditis
T F D (FQ 10d	
9, Birthplace (Town, coooty, and state)	Due to Specific Land Land Levil - Scher 315
10. Usual occupation / Louse selected	Busha
11. Industry or business 740 740 e	Due 10.
# 12. Name Same Same Same	Other conditions Heaple Prostu. 7-8-43
12. Name Marked Millick 13. Birthplace M	Other cooditions 7-8-43
	(Include pregnancy within 8 months of death)
14. Maiden name Coch eal ANN KOWTher	Major findings of operatious.
₹ 15. Birthplace Md.	
18. Informant John S. Snyder	Autopsy results.
Address 7+ Am 28 tend Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
13:119/119/119	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Baie thereof (mouth) (day) Ayear)	Accident, suicide, or homicide
Cemetery or crematory. Decembrated	Where did injury occur? (City or town) (County) (State)
Marchet I mid	
Location	Injured at home, farm, lodustry, public place (where?)
18. Funeral director. Cole Sifelon	Means of Injury Injured at work?
Address Hambeltond and	1 1 5 8 18
0 + 0 = 100 = 1/1	23. SIGNATURE M. D. or other
(Daspreed by registrar) 1945 John & Hughloff. Registrar	201-11
(Date rec'd by registrar) Registrar	Address Date signed 7 6



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (492)

08918

CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County City or 10wn	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate Many County City or town (If outside city of town limits, write RURAL and give nearest town) Sireet No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Lola Stocked	ale 3. (b) Social Security Number
4. Sex Sex Se	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death opcurred on the date above stated; that I altended deceased from 22. 19.45
17. (Burial, cremation, or removal, Which?) Cemetery or crematory Localion 18. Funeral director Address The acceptance of the accepta	22. VIOLENCE: 11 death was due to external causes, fill in the following: Accident, suicide, or homicide



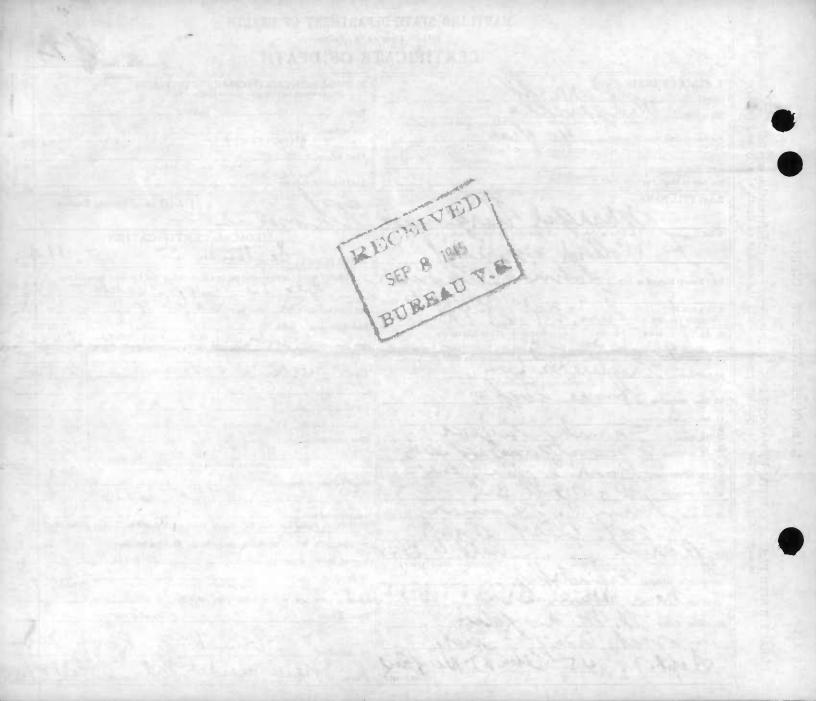
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: Partiall	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside any or town limits, write BURAL and give nearest town)	State
How long in above place of death?	City or town
Hospital, Institution, or street address where death Acurred:	Street No
How tong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Margil Virginia	2 Thomas 3. (b) Social Security Number
4. Sex — S. Color or 6.(a) Single, married, wowed, or divosed Married, Married, wowed, or divosed	MEDICAL CERTIFICATION 2D. DATE OF DEATH Sektember 5 19.45 at 114
6.(b) Name of husband or wife Aona Chome	21. I CERTIFY hat death occurred on the date above stated; that Lattended deceased from
7. Birth date of deceased (mo., day, yr) for 29	and that I last saw h. 41. elive on Sefet 4. 19.4.1.
8. AGE: Years Months Days It less than one day hrs	Immediate cause of death hemourkage / week
9. Birthplace	Due to arteris acherone 5 yrs
1D. Usual occupation of Tours and To	
11. Industry or business 12. Name Frank Taylor 13. Birthplace Montgonery Lay	Diher conditions.
	(Include pregnancy within 8 months of death)
14. Malden name. Carrie Biggin 15. Birthptace & Carroll Constitution of the second constitution of th	Major findings of operations
16. Informant John C. Thomas	Autopsy results
Address 17. (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory. Francisco	(Orly of town) (Country) (Dance)
Location New Amarcia	trijured at home, farm, todustry, public place (where?) Means of injury Injured at work?
Address With Child and	Enersh P. Rook med
10 Askt. 7 1045 Ilm h) Duyder	23. SIGNATURE Man And M. D. of Street Land

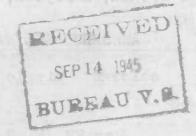


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-

I. PLACE OF DEATH:	1 2 HOURS BEGINEVOE (FIGURES) OF DECESCED	
Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Henryton	State Maryland County Prince Ge	0's
Olty or town. Henryton (If outside city or town limits, write RURAL and give nearest town) 7 Ronths 18 days	City or town Upper Marlboro (If outside city or town limits, write RURAL and give ne	
ow long in ebove place of death?	(If outside city or town limits, write RURAL and give ne	arest town)
ospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium	Street No.	
Colored Branch, Henryton, Maryland.	(If rural, give LOCATION) 2.(a) If veteran, name war	V
B. (a) FULL NAME		
JAMES RUSSELL WASHINGTON	3. (b) Social Security	Number
Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male colored single	20. DATE DF DEATH. September 10, 19.45	, at 3.30A
i,(b) Name of husband or wife	January 23, 19 45 to Sept.	10 , 45
deceased (mo., day, yr.) May 27, 1928	and that t last saw h im alive on September 10,	19 45
AGE: Years Months Days If tess than one day	Immediate caose of death	
17 3 14hrsmin.	Pulmonary Tuberculosis	
		1944
Birthplace Upper Marlboro, Md. (Town, county, and state)	Due to	***************************************
10. Usual occupation Scholar		***************************************
1. Industry or business at school	Due to	**
12. Name James Washington	Dither conditions	***************************************
James Washington 12. Name Unknown		*
14. Maiden name. Lillie Bell	(Include pregnancy within 3 months of death)	
14. Maiden name. Lillie Bell 15. Birthplace Upper Marlboro, Md.	Major findings of operations.	
	Date of op	
16. Informant Reuben Hoffman, M. D.	Aotopsy results	
Address Hemryton, Md.		statistically.
7. Burial (Burial, cremation, or respoyed. Which?) Date thereof (month) (day) (year)	22. VIOLENCE: if death was due to external causes, fill in the following:	
	Accident, suicide, or homicide	
Cemetery or crematory of the Maylon o ma	Where did injury occur?	(State)
Location Lippin Maylboro Mul	Injured at home, farm, industry, public place (where?)	***************************************
18. Funeral director Millitchie Bros	Meens of tnjury tnjured at work?	
	7 . CHO	
Address Of Phlas Marley of Mal		1
Address Orpher Marloro (nd 9/10 45	23. SIGNATURE Couleur Vymas, m.	O other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: County Carroll City or town Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 28 days Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Tenryton, Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State Maryland County Harford City or town Street (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME CHARLES EDWARD WATERS	3. (b) Social Security Number 218-05-2856
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced male colored married	MEDICAL CERTIFICATION 20. DATE OF DEATH September 1, 19 45, at 8.05Pa
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 4. 1945 to Sept. 1 19 45 and that I last saw h imagine on September 1, 19 45
8. AGE: Years Months Days If less than one day 12 hrsmin.	Pulmonary Tuberculosis Pulmonary Tuberculosis Dec. 1944
9. Birthplace	Oue to
12. Name Walter Waters 13. Birthplace Street, Md.	Other conditions.
14. Maiden name Margaret Kenley 15. Birthplace Street, Md.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Reuben Hoffman, M. D. Address Henryton, Md.	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Barrial, cremation, or removal. Which?) Cemetery or crematory. Date thereof. (month) (day) (year) Chaptel	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Language Consuming miles 18. Funeral director.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address 19. 9/1 (Date rec'd by registrar) 19 Deputy Local Registrar	23. SIGNATURE Carless Hoffman M. D. or other Address Henryton, Md. Date signed 9/1/45



correct age

1. PLACE OF DEATH:

VS A15

PLEASE WRITE PLAINLY, is especially

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (467)

CERTIFICATE	OF	DEATH
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2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infanta grive residence of mother) State. M. And Mark County County
City or town
Street No
(If refai, give LOCATION)
2.(a) If veteran, name war

(If odtable city or town limits, write RURAL and give nearest town) How long in above place of death?	County County Clip or town limits, write RURAL and give nearest tow Street No. (If rural, give LOCATION)
Now long in hospitat or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME Builie Forb (1)	3. (b) Social Security Number
4. Sex Schor or ruce S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH Sept. 20- 18 45 at 7.
6.(b) Name of husband-or wife Late Clause & Word Algree 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated: that attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that f last saw hearth alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DU
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation 11. Industry or business 12. Industry or business	Due to
12. Name Manufaud	Dther conditions
14. Maiden name maria Colleget	(Include pregnancy within 3 months of death)
15. Birthplace Mary land	
Address New Kelnedson Md.	Autopsy results
(Burial, cremation, or removal, Which?) Bate thereon (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, flit in the following; Accident, suicide, or homicide
Cemetery or cremator Chamber C	Where did injury occur? (City or town) (County) (State)
. near les estructor turnels	Injured at home term industry nubils nices (where?)

Registrar

23. SIGNATURE.

Means of Injury

M. D. or other

Injured at work?



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

4	Reg. Dist.	No.
NA.		Mn

1. PLACE OF DEATH:	2 USHAL DESIDENCE (HOME) OF DECEASED.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (Moutside city or town limits, write RURAL and Rive nearest town)	State May fard County Canal City or town Decared
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest t
	Street No
How tong in hospital or institution?	. 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Numb
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemale White Widow	20. DATE OF DEATH September 28 19.45 at
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated: that I attended deceased tr
	15 10 Alfit 25
7. Birth date of deceased (mo., day, yr.) F-4 /8. 187/	and that I last saw h
8. AGE: Years Months Days if less than one day	Immediate cause of death
74 7 10min	
174 0 1-1 7	
B. Birthplace	Due ta
10. Usual occupation. Than all the	Due 1a.
11. Industry or business) first first	
E 12. Name Micheal & Bullant	Dther conditions.
13. Birthplace May Coul	
14. Maiden name Manufelle C. Horre	(Include pregnancy within 3 months of death)
14. Malden name Manufelle C. Horrer 15. Birthplace May Caul,	Major findings of operations.
The Made all my	A-4
16, Informant Charles Africa	Autopsy results
Address) flympaling med	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or remove). (Which?)	Accident, suicide, or homicide
Cemetery or crematory. Securitary	Where did injury occur? (City or town) (County) (Stat
Location Greenmant Md	Injured at home, farm_industry, public place (where?)
and 11/2 - 160 8 and	Means of injury injured at work?
1B. Funeral director	1 1 1 1 1 1 1
Address May Muslin Mila	1 1/10 /19 // 74

